



# Standard Employment Application

The City of Madison is an Equal Opportunity / Affirmative Action employer. Please request assistance if you have a disability and require reasonable accommodation during the application process. For some accommodations, advance notice may be necessary.

Return Completed, Signed Application to: City of Madison, Alabama Human Resources Department, 100 Hughes Road, Madison, Alabama 35758. All applicable blanks must be complete and accurate. Individuals must apply for each "open" position separately by contacting the Human Resources Department in writing. Individuals who have completed an application before must complete a new application if: 1) it has been over six (6) months since the last application was completed; or 2) they are applying for a different position or a different title. Human Resources Department -- Phone: (256) 772-5656 or (256) 772-5615; Fax: (256) 772-5643.

*Please Type or Print in Ink*

**Position Applied For:** \_\_\_\_\_ **Job Number:** \_\_\_\_\_

## General Information:

Full Legal Name		Social Security Number	
List Other Names Under Which You Have Worked or Are Known			
Permanent Street Address, <b><u>MUST INCLUDE City, State, Zip</u></b>		Phone Number ( )	
Mailing Address, <b><u>MUST INCLUDE City, State, Zip</u></b> (If different from Permanent Street Address Above)			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, can you provide the required completed State Child Labor Work Permit and proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Are you a citizen or legally admitted to seek work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected salary	
If not a citizen of this country, what type of visa do you hold? [PLEASE ATTACH A COPY.]			
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License # _____ State _____	
Do you have a current CDL License (Commercial Driver's License)? <input type="checkbox"/> Yes <input type="checkbox"/> No		State _____ Class _____	
Have you ever been employed with the City of Madison before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what dates?	
Are any of your relatives employed with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s) and department(s)	
Other Numbers you can be reached at:	( )	Location (work, cell phone, etc.)	Best Time to Contact
E-mail address:	( )		

## Emergency Information:

In case of an emergency, whom should we contact?

Name:	Address:	Phone:
2 <sup>nd</sup> Optional Name:	Address:	Phone:

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**Education:**

High School	City and State	Highest grade completed?	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach copies of diplomas or GED certificates. If not available, please include contact information for validation (phone numbers and who to contact):			GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of college/trade school Location (city/state)	Major/ Areas of Concentration	Attended		Over- all GPA	Units/ Credits Completed	Degree Earned	Date Degree Received/ Expected
		From (mo/yr)	To (mo/yr)				

NOTE: If you have a DEGREE, please attach a copy of diploma. If not available, please include contact information for validation (phone numbers and who to contact):

Certificates or licenses attained	Issued by	Location (City/State)	Date Received

List any supplemental training, apprenticeships, additional skills and length of experience that are job related (include approximate dates). Include any job related training or experience in the military, National Guard or Reserves (and approximate dates).

List any machinery/equipment operated and level of proficiency.

Summarize your computer skills (including software) and level of proficiency.

List any LANGUAGES in which you are fluent (and check appropriate boxes for each language):

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing : _____ |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing : _____ |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing : _____ |

## Employment History:

List employment history for the **PAST SEVEN (7) YEARS**, beginning with the most recent (include military/government service). If more room is necessary, attach additional pages to the application form.

Current Employer Name:	Phone: (    )	Street Address	
Your Job Title		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
May we contact your present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (    )	
Reason for leaving			

Next Prior Employer Name:	Phone: (    )	Street Address	
Your Job Title		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
Reason for leaving			

Employer Name:	Phone: (    )	Street Address	
Your Job Title		City, State, ZIP	
Description of duties		Supervisor (Name and Title)	
		From (mo/yr)	To (mo/yr)
		Starting Pay	Ending Pay
		Other compensation (explain)	
Reason for leaving			

Employer Name:	Phone: (    )	Street Address
Your Job Title		City, State, ZIP
Description of duties		Supervisor (Name and Title)
		From (mo/yr)      To (mo/yr)
		Starting Pay      Ending Pay
		Other compensation (explain)
Reason for leaving		

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### Personal Information:

Have you ever been charged with, pleaded no contest or guilty to, or convicted of any criminal offense (whether felony or misdemeanor)?   ☐ Yes    ☐ No

Please complete the following:

Name:	Date	Court Location (City, County, State)	Nature of offense	Disposition

If any, please explain:

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### Driving Record:

List all traffic violations in the past 3 (three) years which resulted in a conviction, fine or a guilty plea. Include the DATE, CITY or COUNTY AND STATE of each violation.


List all at-fault traffic accidents in the past 3 (three) years. Include the DATE, CITY or COUNTY and STATE of each accident.


In addition to the employers previously listed, I wish to submit the following individuals as WORK-RELATED (Co-Workers, Managers, Contacts, etc.), EDUCATIONAL or PROFESSIONAL references.

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

Name:	Phone Number(s):
Address	
Occupation	Time Known
Professional Relationship to Applicant	

## This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly aged or off-white appearance.

**IMPORTANT:** The Certification and Release on the following page must be signed by the applicant.

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**Certification and Release:**

NOTE: All job offers are contingent on furnishing proof of authorization to work in the United States and successful completion of a drug screen and validation of physical requirements to perform the job.

\_\_\_\_\_(Review and Initial here) I hereby affirm that the information provided on this application (and accompanying resume (if any) is true and accurate, and I authorize the City of Madison to verify all such information. No facts or circumstances which would affect my suitability for employment have been withheld. I also understand and agree that any false information or any relevant omissions on this application may disqualify me from further consideration for employment and shall be justification for immediate dismissal from employment if discovered at a later date.

\_\_\_\_\_(Review and Initial here) If hired for a regular position, I fully understand that my employment can be terminated at the City's discretion at any time, with or without cause, during a one year probationary period and that thereafter my employment can be terminated by the City in accordance with the City's personnel policies and procedures, as they may be amended. If hired for a temporary position, I fully understand that my position may be terminated at any time by either party with or without cause. I understand that no management official or agent of the City has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment, other than as provided in the City's personnel policies and procedures.

\_\_\_\_\_(Review and Initial here) I understand that, if employed by the City, I may be assigned to any facility, shift, department, position, tasks or duties at the sole discretion of the City.

\_\_\_\_\_(Review and Initial here) I authorize the City of Madison, or its agents, to conduct a background investigation into my past employment, education, and other activities such as my credit history, criminal background and driving record. To conduct that investigation, I authorize the city to obtain a consumer report or similar information regarding me to the extent necessary to evaluate my suitability for employment. Further, if I am hired by the City, I authorize the City of Madison at anytime during my employment, to obtain a consumer report or similar information for purposes of promoting, reassigning, or retaining me as an employee. I understand that a consumer report is a communication by a consumer reporting agency that bears on a consumer's character and general reputation, and may include, but is not limited to, credit checks and criminal background information.

\_\_\_\_\_(Review and Initial here) **WAIVER AND AUTHORIZATION – TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to furnish the City of Madison any and all information you have concerning me, my work record, my medical records, my military service records, my credit history, my financial status, my criminal record (if any) and any other information you have regarding me. I understand that your reply will be used to assist the City of Madison and its agents in determining my qualification and fitness for the position I am seeking with the City of Madison. I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Madison in conjunction with employment procedures and/or security matters. In consideration of the review of my employment with the City of Madison, I hereby release the City of Madison, its agents, officials, servants or employees and all persons or entities who supply information pursuant to this authorization from any and all liability or damage which may result from furnishing or using the information requested.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **APPLICANT REGISTER FORM**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title Applying For: \_\_\_\_\_

### **Referral Source:**

- \_\_\_\_\_ Walk in
- \_\_\_\_\_ Newspaper Ad
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Job Hotline for City of Madison
- \_\_\_\_\_ City of Madison website
- \_\_\_\_\_ Alabama Career Center/Alabama JobLink
- \_\_\_\_\_ I am a Friend or Relative of a Current City of Madison Employee
- \_\_\_\_\_ Local Cable/TV
- \_\_\_\_\_ Other – List: \_\_\_\_\_

### **Please Complete:**

Applicant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduation Year from High School or with GED: \_\_\_\_\_

NOTE: If you should become a Finalist in the Hiring Selection Process, the City of Madison will require your Date of Birth. This information is intended for the sole use of a background investigation process for candidates who become finalists. This form will not be reviewed nor forwarded to the Hiring Decision Manager.

### **Please check:**

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

### **Please check:**

_____ White	_____ Black or African American
_____ Hispanic or Latino	_____ American Indian or Alaskan Native
_____ Asian or Pacific Islander	_____ Two or more races
_____ Other, Please Specify:	_____

MADISON IS AN EQUAL OPPORTUNITY EMPLOYER. THE RACE AND SEX DATA ON THIS FORM IS NEEDED TO COMPLY WITH FEDERAL EEO REQUIREMENTS. ALTHOUGH PROVIDING THIS INFORMATION IS VOLUNTARY, YOUR COOPERATION IS APPRECIATED. PLEASE NOTE THAT THE INFORMATION CONTAINED ON THIS FORM WILL BE KEPT SEPARATE FROM THE APPLICATION.

**CITY OF MADISON**

# **NOTICE of PRE-EMPLOYMENT DRUG SCREENING**

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The City of Madison is committed to providing a safe, healthy and drug free work environment for our employees. We have implemented a drug testing policy for all employees, and pre-employment drug screening is required for all job applicants.

Applicants who test positive for illegal drugs; who contaminate, alter, tamper with, or refuse to take the test; or who otherwise interfere in the testing process will no longer be considered for employment. Applicants who test positive for prescription drugs affecting coordination, judgment and alertness will be required to provide a medical authorization and release prior to beginning work.

If you have questions or concerns regarding the drug testing process, please feel free to ask a member of our Human Resources Department.

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**FAIR CREDIT REPORTING ACT DISCLOSURE**  
**[Execute in Duplicate and Retain One Copy for Personnel File]**

**CITY COPY**

The **City of Madison**, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a “consumer report” and an “investigative consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”) which applies to you. As either an applicant for employment or an employee of the City of Madison, you are a “consumer” with rights under the FCRA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment. An “investigative consumer report” is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

**I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THIS “FAIR CREDIT REPORTING ACT DISCLOSURE.”**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
Date

## **AUTHORIZATION TO OBTAIN PERSONAL INFORMATION**

### **CITY COPY**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the **City of Madison** to obtain “consumer reports” and “investigative consumer reports” about me from a consumer reporting agency and to consider the reports when making decisions regarding my application for employment or my employment with the City of Madison. Prior to signing this Authorization I received and read a document entitled “Fair Credit Reporting Act Disclosure” which defined the terms “consumer,” “consumer report” and “investigative consumer report.” I understand the information disclosed to me, had an opportunity to ask questions about the information and had my questions, if any, answered.

I hereby authorize the **City of Madison** to procure an investigation, or cause an investigation to be procured, for employment purposes, whether or not subject to the Fair Credit Reporting Act. I authorize, without reservation, any person or entity contacted by the **City of Madison**, or anyone acting on its behalf, to furnish any and all information concerning me to the City of Madison, and I release the City of Madison and all such persons or entities from any and all liability for furnishing such information. I also release the **City of Madison** and all of its employees from any and all liability for conducting such an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness  
\*\*\*\*

### **PLEASE COMPLETE**

Applicant: Please complete the following for proper identification purposes. Print Legibly.

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security No.: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip

Driver's License No. & State: \_\_\_\_\_

Other names or Social Security No.'s you have used (if none, write none.)

**FAIR CREDIT REPORTING ACT DISCLOSURE**  
**[Execute in Duplicate and Retain One Copy for Personnel File]**

**CANDIDATE COPY – DETACH THIS LAST PAGE AND KEEP FOR YOUR RECORDS**

The **City of Madison**, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a “consumer report” and an “investigative consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”) which applies to you. As either an applicant for employment or an employee of the City of Madison, you are a “consumer” with rights under the FCRA.

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**Signature**

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**Printed Name**

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**Date**

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I hereby authorize the **City of Madison** to procure an investigation, or cause an investigation to be procured, for employment purposes, whether or not subject to the Fair Credit Reporting Act. I authorize, without reservation, any person or entity contacted by the **City of Madison**, or anyone acting on its behalf, to furnish any information, and I release any such person or entity from any and all liability for furnishing such information. I also release the **City of Madison** from any and all liability for conducting such an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*\*\*\*

### **PLEASE COMPLETE**

Applicant: Please complete the following for proper identification purposes. Print Legibly.

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security No.: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip  
Driver's License No. & State: \_\_\_\_\_

Other names or Social Security No.'s you have used (if none, write none.)  
\_\_\_\_\_



# Notice to All Police Department Applicants ONLY

All Police Department **FINALISTS** (as determined later in the hiring process) will also be required to provide an additional list of documents TO THE POLICE DEPARTMENT in a timely manner for background check purposes. All finalists will also be required to complete a Supplemental Police Department Application for background check purposes. The following is a list of additional documents that you will be required to produce if you become a finalist for this position:

1. Recent Photograph (within six months)
2. Birth Certificate
3. High School Diploma
4. GED Certificate
5. High School Transcript (even if you had GED)
6. College Diploma
7. College Transcript
8. Marriage License (for each marriage)
9. Divorce Decree (for each divorce)
10. Police Standards Certificate
11. DD 214 Form(s)
12. Copy of Drivers License
13. Certificate of Naturalization